

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 9124

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 808 A¹/₂ Live Oak St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guadalupe Aguirre { If child is not yet named, make supplemental report, as directed.3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Jan 6 1929
Month Day Year8. FATHER Full name Abram Aguirre 14. MOTHER Full maiden name Salidad Cruz9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. If non-resident, give place and state.10. Color or race Mexican 11. Age at last birthday 34 (Years) 16. Color or race Mexican 17. Age at last birthday 25 (Years)12. Birthplace (city or place) _____ (State or country) Mexico 18. Birthplace (city or place) _____ (State or country) Mexico13. Occupation Miner Nature of industry Copper 19. Occupation Housewife Nature of industry _____20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 2 A m. on the date above stated.
(Born alive or stillborn)Signature J. J. Trimmer
(Physician or midwife)Given name added from a supplemental report _____ Address Miami, ArizonaMonth, day, year Jan 11 1929 Filed Jan 11 1929 Registrar J. E. Trimmer

order of birth stated.